AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County 2 Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis, Mo. (No. Barnes Hospital St. Ward)

File No. 225870

Registered No. 7044

2. FULL NAME Joseph Klotz

(a) Residence, No. 723 Wine St., NR Ward. O'Fallon, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Klotz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1867

7. AGE: Years 70 Months 2 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1918

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Staunton, Illinois

FATHER

13. NAME: George Klotz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs Minnie Klotz
(ADDRESS) O'Fallon, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE O'Fallon, Ill. DATE July 5th, 1937

19. UNDERTAKER: Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUL 24 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1937 to 7-2, 1937

I last saw him alive on 7-2, 1937. Death is said to have occurred on the date stated above, at 10:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory failure	
Hypertension with	
hypertensive heart disease	
Uremia, caused by chr nephritis	

Other contributory causes of importance:

131

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P.O. Hagemann, M. D.

(Address) BARNES HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.